

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047114

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1453

FILED DEC 30 1963

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
W.B. ROST, MD  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b Most Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1525 Buchanan Ave.		d. STREET ADDRESS (If outside, give location) 1525 Buchanan Ave.	
3. NAME OF DECEASED (Type or print) First CHARLES Middle ARTHUR Last McKOWEN		4. DATE OF DEATH Month December Day 21 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/28/1882
9. AGE (last birthday) 81		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance	
11. BIRTHPLACE (City and state or country) Cowgill Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Clay McKowen		13b. MOTHER'S MAIDEN NAME Addie (Unknown)	
14. NAME OF HUSBAND OR WIFE Mrs. Della McKowen		Address 1525 Buchanan St. Joseph, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Della McKowen		Interval between onset and death	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable carcinoma of ascending approx 4 mo colon & abdominal metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11-24-63 to 12-21-63 and last saw him alive on 12-21-63 Death occurred at 10:50 A M on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.B. Rost, MD		22b. ADDRESS 2605 Frederick St Joseph Mo	
22c. DATE SIGNED 12-22-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12/24/63		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) St. Joseph Missouri		24. FUNERAL DIRECTOR St. Joseph, Mo.	
25. DATE RECD. BY LOCAL REG. Dec. 24, 1963		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 5117  
2 5117  
3  
4 0  
5 1  
6  
7 0  
8 2  
9 1530  
10  
11  
12 90-0  
13 1-0

11-11-11

Permit issued 12-23-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Emil Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

11-11-11 11-11-11 11-11-11 11-11-11 11-11-11 11-11-11

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